

IN THE UNITED DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

NANCY WALSH,)	
)	
PLAINTIFF,)	
)	
vs.)	CASE NO. 08 C 50085
)	
ROCKFORD ANESTHESIOLOGISTS)	
ASSOCIATED, LLC,)	
)	
DEFENDANT.)	

**DEFENDANT’S MEMORANDUM IN SUPPORT OF ITS RULE 12(b)(6)
MOTION TO DISMISS COUNT II AND COUNT III OF PLAINTIFF’S COMPLAINT**

Defendant, Rockford Anesthesiologists Associated, LLC, by and through its attorneys, Reno & Zahm LLP, submits this Memorandum in Support of its Rule 12(b)(6) Motion to Dismiss Count II and Count III of Plaintiff’s Complaint.

Introduction

Count I of Plaintiff’s Complaint alleges violations of the Family Medical Leave Act. Count II alleges a breach of contract arising out of Defendant’s CRNA Employee Handbook (“CRNA Handbook”). Count III alleges a claim for common law civil extortion.

Count II should be dismissed because Plaintiff has failed to plead the essential elements of breach of an implied contract based upon the CRNA Handbook. Count III should be dismissed because there is no cause of action in Illinois for civil extortion.

Standard of Review

A Rule 12(b)(6) Motion to Dismiss presents a legal question that tests the sufficiency of the claim as asserted in the complaint. In addressing Defendant’s Rule 12(b)(6) motion, this Court must

accept as true all facts alleged. *Holman v. State of Indiana*, 211 F.3d 399, 402 (7th Cir. 2000)(citing *Ledford v. Sullivan*, 105F.3d 354, 356 (7th Cir. 1997)). Additionally, this Court must draw all reasonable inferences from those facts in Plaintiff's favor. *Id.* Dismissal is appropriate if it is clear that no relief could be granted under any set of facts that could be proved consistent with the allegations. *Hishon v. King & Spalding*, 467 U.S. 69, 73 (1984).

Argument

A. Count II, Breach of Contract.

Attached hereto as Exhibit A is a complete copy of the CRNA Handbook identified by Plaintiff as the basis for her contractual rights. In Illinois, in order to state a claim for breach of contract based upon an employee handbook:

“...the plaintiff must show: (1) the language of the policy statement contains a promise clear enough that an employee would reasonably believe that an offer was made; (2) the statement was disseminated to the employee in such a manner that the employee is aware of its contents and reasonably believes it to be an offer; and (3) the employee accepted the offer by commencing or continuing to work after learning of the policy statement.” *Duldulao v. Saint Mary of Nazareth Hospital*, 505 N.E.2d 314, 318 (1987).

The formation of a contract is precluded if a handbook contains a disclaimer which is clear and prominent. *Harrington-Grant v. Loomis, Fargo & Company*, Not Reported in F.Supp.2d, 4 (N.D. Ill. 2002); *Dinkins v. Varsity Contractors*, Not Reported in F.Supp.2d, 15 (N.D. Ill. 2005); *Doe v. First National Bank of Chicago*, 865 F.2d 864, 873 (7th Cir. 1989) (“We fail to see how a document which clearly disclaims in unambiguous language any purpose to bind the parties can constitute ‘a promise clear enough that an employee would reasonably believe that an offer has been made’.”(citing *Duldulao*, 505 N.E.2d at 318)).

Attached hereto as Exhibit A is a complete copy of the CRNA Handbook, excerpts of which are attached to Plaintiff's Complaint. The CRNA Handbook contains the following clear and conspicuous disclaimers:

"THIS HANDBOOK - WHAT IT IS AND IS NOT

This handbook does not constitute a contract for employment for any period of time but merely sets forth policies and procedures in effect on the date it was issued.

This handbook may be amended from time to time without prior notice to employees.

Please understand that no one except the Board of Managers or President of RAA has the authority to enter into any agreement with you for employment for any specific period of time or to make any promises or commitments regarding your length of employment.

Any reference to one gender applies to both genders."

"EMPLOYEE HANDBOOK UNDERSTANDING AND CONSENT

I acknowledge I have read and familiarized myself with the contents of the HANDBOOK FOR CRNA EMPLOYEES OF ROCKFORD ANESTHESIOLOGISTS ASSOCIATED, L.L.C.

In addition, I have had the opportunity to ask questions of management or human resources to clarify any aspect of this handbook.

The purpose of this handbook is to provide brief, general information on RAA benefits and employment practices. The content of this handbook is subject to change without prior notice to employees. As such, I understand that Rockford Anesthesiologists Associated does not intend to create a contract of employment by placing these matters in writing.

In addition, I understand and consent that RAA may monitor my use of internal and external business computer, online or E-mail systems, and that I do not expect privacy of communications when using these business communications systems.

Name _____

Date _____"

Further, any information in the CRNA Handbook covering the FMLA is a reiteration of Defendant's pre-existing legal duty under the FMLA, therefore, an award of contract damages is not warranted. *Harrington- Grant*, Not Reported in F.Supp.2d at 4; *Patton v. University of Chicago Hospitals*, 706 F.Supp. 627, 629 (N.D. Ill. 1989) (published anti-discrimination policy did not create any contractual rights and company's failure to adhere does not make it liable for contract damages).

B. **Count III, Civil Extortion.** Plaintiff alleges civil extortion. While Illinois has a statutory criminal prohibition against extortion or blackmail, 720 ILCS 5/12-6, there exists no *civil* cause of action in Illinois for extortion. Illinois courts have specifically addressed the viability of a claim for economic coercion or economic duress and have determined that while it may be a defense to a contract claim, it does not create an independent cause of action giving a right to affirmative relief. *Lawless v. Central Production Credit Assn.*, 228 Ill.App.3d, 592 N.E.2d 1210, 1217 (1992). *Dahl v. Federal Land Bank Assn. of Western IL*, 213 Ill. App.3d, 572 N.E. 2d 311, 314 (1991).

WHEREFORE, the Defendant prays that the Court dismiss Counts II and II of Plaintiff's Complaint and for such other and further relief as the Court deems appropriate.

Dated this 10th day of June, 2008.

ROCKFORD ANESTHESIOLOGISTS
ASSOCIATED, LLC, Defendant

By: Reno & Zahm LLP

By: /s/ Craig P. Thomas
One of its attorneys

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that a copy of the foregoing was served upon:

Glenn R. Gaffney
Justin R. Gaffney
Gaffney & Gaffney
1771 Bloomingdale Road
Glendale Heights, IL 60139

by operation of the Court's electronic filing system as well as by enclosing the same in an envelope addressed to the above, with postage fully prepaid, and by depositing said envelope in a United States Post Office Mail Box in Rockford, Illinois on June 10, 2008.

/s/ Craig P. Thomas

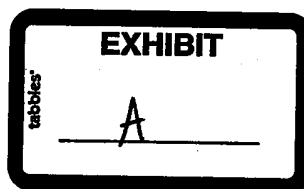
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HANDBOOK FOR CRNA EMPLOYEES OF ROCKFORD ANESTHESIOLOGISTS ASSOCIATED, L.L.C.

Effective: July 1, 2004
Revised: August 1, 2004
Revised: March 28, 2005

Board Approved: April 27, 2005



The purpose of this handbook is to provide brief, general information on RAA benefits and employment practices. Rockford Anesthesiologists Associated does not intend to create a contract of employment by placing these matters in writing but merely sets forth policies and procedures in effect on the date it was issued.

Please understand that no one except the Board of Managers or President of RAA has the authority to enter into any agreement with you for employment for any specific period of time or to make any promises or commitments regarding your length of employment.

The content of this handbook is subject to change without prior notice to employees.

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WELCOME

Welcome to Rockford Anesthesiologists Associated L.L.C. We are pleased that you have chosen to work with us. In the pages to follow you will find helpful information regarding our employment policies as well as benefits available to you as a Rockford Anesthesiologists Associated employee.

Rockford Anesthesiologists Associated ("RAA") takes great pride in providing the finest quality services to patients and the surgeons that serve them. Our ability to maintain our excellent reputation and to continue to provide excellent service is directly related to your enthusiasm, performance and loyalty as a member of the RAA team. We hope that you will find your work challenging and rewarding. Working together, we can continue to progress by providing our patients and their families with quality service.

Should you have any questions, whether addressed in this handbook or not, please feel free to raise them with your direct manager or Comptroller. We are available to assist you and to endeavor to provide you with the appropriate information.

Sincerely,

Rockford Anesthesiologists Associated, L.L.C.

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EMPLOYMENT POLICIES - EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of RAA to afford Equal Employment Opportunities regardless of race, religion, color, national origin, or sex. Further, all applicable laws pertaining to age, marital status, military discharge status, and disability discrimination will be adhered to. This policy of Equal Employment applies to all aspects of the employment relationship.

POLICIES AGAINST HARASSMENT

Sexual Harassment

It is the policy of Rockford Anesthesiologists Associated to maintain a work environment free of unlawful discrimination for all employees. Sexual harassment is unacceptable conduct which violates this policy.

Sexual harassment encompasses a wide range of unwanted, sexually directed behavior and has been defined in the following manner:

“Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
- 2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
- 3) such conduct has the purpose or effect of unreasonable interference with an individual's work performance or creating an intimidating, hostile or offensive working environment.”

Harassment can occur between men and women, people of the same gender, manager and subordinate, an employee and co-worker, or an employee and a third party. Third parties include leased or contract workers, customers, vendors, suppliers and others with whom employees come in contact. In some cases, an employee could be considered a victim if the employee overhears offensive language or witnesses unwelcome conduct directed at another person. Sexual harassment can apply to conduct from one employee to another outside the work place as well as on the work site. Employees who are a party to such conduct, or are aware of the conduct of another have an affirmative duty to report the matter. Those employees who are going to register a complaint or report an incident may do so first through their manager. However, if the employee is uncomfortable with reporting to their manager, then they may report to a department manager, human resource manager, the Comptroller, or to a member of the Board of Managers.

Allegations of sexual harassment will be investigated thoroughly. The facts will determine the response to each allegation. Substantiated acts of sexual harassment will be met with appropriate disciplinary action up to and including termination. All information regarding any specific incident will be kept confidential within the necessary boundaries of the fact-finding process, and no reprisals against the employee reporting the allegation of sexual harassment will be tolerated.

All Harassment Prohibited

It is the policy of Rockford Anesthesiologists Associated to provide a work place free from "harassment" of employees. It is the responsibility of every employee to cooperate in reaching this goal. Rockford Anesthesiologists Associated will not tolerate harassment by any employee. Harassment is considered misconduct. As used in this policy, the term "harassment" includes harassment based on any protected classification.

Some examples of what may be considered harassment, depending on the facts and circumstances, include the following:

- Verbal harassment, e.g., derogatory comments regarding a person's race, color, sex, sexual orientation, religion, ancestry, ethnic heritage, mental or physical disability, age, appearance or other classification protected by law; threats of physical harm; or distribution and/or display of written or graphic material having such effects.
- Physical harassment, e.g., hitting, pushing, or other aggressive physical contact, touching or threats to take such action, gestures or the display of signs or pictures.

It may be considered harassment if:

- Submission to such unwelcome conduct is made either explicitly or implicitly a term or condition of an individual's employment; OR
- Submission to or rejection of such unwelcome conduct by an individual is used as a basis for employment decisions affecting such individual (i.e., promotion, demotion, transfer); OR
- Such unwelcome conduct unreasonably interferes with an employee's job performance or creates intimidating, hostile or offensive working environment.

It is not harassment for members of management to enforce job performance and conduct standards.

If an employee feels harassed, the employee should immediately advise their immediate manager. However, if the employee is uncomfortable with reporting to their manager, then they may report to a department manager, human resource manager, the Comptroller, or to a member of the Board of Managers. In addition, the employee may also consider telling the offending party of the objection to the conduct.

Rockford Anesthesiologists Associated will promptly investigate complaints of harassment, and appropriate corrective action will be taken. No adverse action will be taken against any employee for reporting a complaint of harassment.

WORKPLACE VIOLENCE

RAA is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, RAA has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises.

All employees, including managers and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others.

Weapons

Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited from the premises without proper authorization. The possession of such articles is proper cause for administrative or disciplinary action up to and including termination of employment.

Conduct that threatens, intimidates, or coerces another employee, a patient, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law.

All threats of (or actual) violence, both indirect and direct, should be reported as soon as possible to your immediate manager or any other member of management. This includes threats by employees, as well as threats by patients, vendors, solicitors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to a manager. Do not place yourself in jeopardy. If you see or hear a commotion or disturbance near your workstation, do not try to intercede or see what is happening.

RAA will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. In order to maintain workplace safety and the integrity of its investigation, RAA may suspend employees, either with or without pay, pending investigation.

Anyone determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

Computer, Internet and E-mail Usage

Computers, computer files, the e-mail system, online services and software furnished to employees are RAA property and are intended for business use only. Employees should not use a password, access a file, or retrieve any stored communications without authorization. To ensure compliance with this policy, computer and e-mail usage may be monitored.

Employees should notify their immediate manager, the Comptroller, or any member of management upon learning of violations of this policy. Employees who violate this policy will be subject to disciplinary actions, up to and including termination of employment.

Privacy

Employees should not expect that e-mail or electronic files are private. RAA reserves the absolute right to retrieve, access, review and monitor all messages and files on its systems without notice to the employee or the employee's permission. This includes files and messages that have been deleted. RAA also reserves the right to disclose files and messages to third parties without the employee's consent. RAA may monitor usage patterns for its communications and online systems, and reserves the absolute right to block access to certain Internet sites. An employee's password must be disclosed to the appropriate manager upon request.

Professionalism in Communications

All communications and online systems are a public place for business communications, and all communications over these systems reflect upon our image and reputation. All employees are responsible for maintaining professionalism in their communications.

Maintaining Confidentiality of Information

No messages disclosing any sensitive, restricted, or confidential information may be transmitted over the online systems, unless approved by management.

Use of Systems for Personal Gain

The use of RAA computer systems for personal gain or any other purpose that is contrary to the Company's best interest is prohibited. E-mail may not be used to solicit others for commercial ventures, religious, or political causes, outside organizations, or other non-business matters.

Maintaining a Hospitable Environment

RAA strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Therefore, RAA prohibits the use of computers, online services and the e-mail system in ways that are disruptive, offensive to others, or harmful to morale.

For example, the display or transmission of sexually explicit images, messages, and cartoons is not allowed. Other such misuse includes, but is not limited to, ethnic slurs, racial comments, off-color jokes, profanity, or anything that may be construed as harassment or showing disrespect for others.

Computer, Internet and E-mail Usage Continued:

Systems Security – Copyright Infringement

RAA purchases and licenses the use of various computer software for business purposes and does not own the copyright to this software or its related documentation. Unless authorized by the software developer, RAA does not have the right to reproduce such software for use on more than one computer.

Employees may not load their personal software/files onto any RAA computer. Employees may not remove any software/files from the premises without having first received a manager's permission.

Employees may only use software on local area networks or on multiple machines according to the software licensing agreement. RAA prohibits the illegal duplication of software and its related documentation.

Internet

Internet access to global electronic information resources on the World Wide Web is provided by RAA to assist employees in obtaining work-related data and technology. The following guidelines have been established to help ensure responsible and productive Internet usage.

All Internet data that is composed, transmitted, or received via our computer communications systems is considered to be part of the official records of RAA and, as such, is subject to disclosure to law enforcement or other third parties. Consequently, employees should always ensure that the business information contained in Internet e-mail messages and other transmissions is accurate, appropriate, ethical, and lawful.

The equipment, services, and technology provided to access the Internet remain at all times the property of RAA. As such, RAA reserves the right to monitor Internet traffic, and retrieve and read any data composed, sent, or received through our online connections and stored in our computer systems, regardless of whether created, received, or sent by an employee.

Data that is composed, transmitted, accessed, or received via the Internet must not contain content that could be considered discriminatory, offensive, obscene, threatening, harassing, intimidating, or disruptive to any employee or other person. Examples of unacceptable content may include, but are not limited to, sexual comments or images, racial slurs, gender-specific comments, profanity, or any other comments or images that could reasonably offend someone on the basis of race, age, sex, religious or political beliefs, national origin, disability, sexual orientation, or any other characteristic protected by law.

Internet users should take the necessary anti-virus precautions before downloading or copying any file from the Internet. All downloaded files are to be checked for viruses; all compressed files are to be checked before and after decompression.

Computer, Internet and E-mail Usage Continued:

The unauthorized use, installation, copying, or distribution of copyrighted, trademarked, or patented material on the Internet is expressly prohibited. As a general rule, if an employee did not create material, does not own the rights to it, or has not obtained authorization for its use, it should not be put on the Internet. Employees are also responsible for ensuring that the person sending any material over the Internet has the appropriate distribution rights.

Abuse of the Internet access provided by RAA in violation of law or RAA policies will result in disciplinary action, up to and including termination of employment. Employees may also be held personally liable for any violations of this policy.

Examples of Prohibited Behaviors

The following behaviors are examples of previously stated or additional actions and activities that are prohibited and can result in disciplinary action:

- Sending or posting discriminatory, harassing, or threatening messages or images
- Using the organization's time and resources for personal gain
- Stealing, using, or disclosing someone else's code or password without authorization
- Copying, pirating, or downloading software and electronic files without permission
- Sending or posting confidential material, trade secrets, or proprietary information outside of the organization
- Violating copyright law
- Failing to observe licensing agreements
- Engaging in unauthorized transactions that may incur a cost to the organization or initiate unwanted Internet services and transmissions
- Sending or posting messages or material that could damage the organization's image or reputation
- Participating in the viewing or exchange of pornography or obscene materials
- Sending or posting messages that defame or slander other individuals
- Attempting to break into the computer system of another organization or person
- Refusing to cooperate with a security investigation
- Sending or posting chain letters, solicitations, or advertisements not related to business purposes or activities
- Using the Internet for political causes or activities, religious activities, or any sort of gambling
- Jeopardizing the security of the organization's electronic communications systems
- Sending or posting messages that disparage another organization's products or services
- Passing off personal views as representing those of the organization
- Sending anonymous e-mail messages

EMPLOYEE RECORDS

Maintenance of Employee Information

It is the policy of Rockford Anesthesiologists Associated to maintain complete and accurate employee records. Employees are responsible for updating personnel and benefits information in writing promptly and accurately. Tax information must also be kept current; W-4 forms are available throughout the year.

In general, employee information will be retained as long as needed for management purposes. Files will be periodically reviewed to confirm the need for retaining employee information. In all cases, the Corporation and its affiliates will comply with record retention requirements mandated by state and federal laws.

Confidentiality and Employee Access to Records

The security of all employee records will be such that access to information concerning other fellow employees will be limited to authorized personnel only. Information maintained in an individual's employee record is available for the employee's review upon the employee's written request. Once a request is received, the employer must allow the inspection within seven (7) working days or longer should it be reasonably necessary. Such review may be conducted in the presence of the Department Manager.

Employees may review their performance evaluations and may add written comments and explanations. In all instances, performance evaluations are to be thoroughly reviewed with employees by managers, and signed by both parties. Employees may request copies be made of any portion of their personnel files. RAA may charge the employee with its cost in making those copies.

Medical records that may indicate the nature of an employee's illness, claims paid and other information, is strictly confidential and are not available to employees other than those involved in administering the RAA medical insurance plans, or as may be necessary to comply with the Americans with Disabilities Act or the Illinois Human Rights Act.

RESPONSE TO SUBPOENAS OR SEARCH WARRANTS

United States law sets forth the legal process required before a government authority may compel the production of information from a private individual or organization. A subpoena is a document that compels the production of tangible things. A search warrant authorizes the search of physical premises and seizure of tangible items.

Employees should immediately contact a Response Coordinator as follows before a subpoena or search warrant can be served.

Response Coordinators:

- Rockford Anesthesiologists Associated, LLC – the President, the Comptroller, or the Administrator.
- Medical Pain Management Services, Ltd – the President, the Clinic Manager, the Acting Clinic Manager, or a Physician present in the clinic.
- Medical Reimbursement Services of Northern Illinois, Inc. – the President, the Administrator, or the Comptroller.

Under no circumstances should the employee attempt to accept a subpoena or search warrant on behalf of the company(s).

Response Coordinators are responsible for implementing and monitoring the investigation. They are also responsible for notifying the appropriate employees of their rights regarding any knowledge they may have about the matters under investigation.

An employee who willfully prevents, obstructs, misleads, delays, or attempts to prevent, obstruct, mislead, or delay communication of information or records relating to a violation of a federal health care offense to a criminal investigator may be subject to federal fines, imprisonment, or both. In addition, the employee will be subject to prompt disciplinary action up to and including termination of employment.

DRUGS AND ALCOHOL POLICY

Rockford Anesthesiologists Associated is strongly committed to maintaining a safe and healthy working environment for all its employees with the expectation that all employees will discharge their duties at an acceptable performance level and be unimpaired by drug and alcohol use. The use of alcohol and/or drugs can undermine employee productivity; the quality of RAA services, and the RAA image. For these reasons Rockford Anesthesiologists Associates has implemented the following policy. Violation of these policies may result in disciplinary action up to and including discharge.

On-the-Job Use, Possession, Sale, Distribution or Manufacture

The use, possession, sale, distribution or manufacturing of non-medically prescribed controlled substances, abuse of prescribed drugs, or of alcohol by anyone while on RAA business or on RAA property is prohibited. Further, employees are prohibited from being at work under the influence of drugs or alcohol. Violation of this policy by an employee while on RAA premises or on RAA business will result in disciplinary action up to and including discharge without notice. Depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken with respect to a violation of this policy. Prescription medications may be used at work with the agreement of the prescribing physician.

“Drugs” shall mean any controlled substance listed in the Illinois Controlled Substances Act, 720 ILCS 570-100, et seq., for which the person tested does not submit a valid pre-dated prescription. Thus, the term “drugs” includes both abused prescription medications and illegal drugs of abuse. In addition, it includes “designer drugs” which may not be listed in the Controlled Substances Act, but which have adverse effects on perception, judgment, memory or coordination.

Any illegal substances found in the work place will be confiscated and turned over to the appropriate law enforcement agency.

All RAA employees who become aware of a violation of this policy must report it to the president or board of managers. Full compliance and cooperation with the drug and alcohol policy is a condition of employment with RAA.

Alcohol and Drug Tests

Any employee who is involved in an on-the-job accident or whose on-the-job behavior indicates that the employee may be under the influence of drugs or alcohol in violation of this policy may be tested for the use of drugs and alcohol. If the tests indicate evidence of illegal drugs or the improper use of other drugs or that the employee is under the influence of alcohol, appropriate action will be taken as provided in this policy.

Any employee who refuses to submit to testing will be questioned as to the reason(s) for refusal. Unless there is a valid reason for refusal, the employee will be subject to disciplinary action up to and including discharge without notice.

Drug/alcohol tests will be conducted by a qualified laboratory. Proper chain of custody procedures will be observed for samples. When employment status will be affected, confirmatory testing will be carried out. Records and information about testing and test results will be treated as private and confidential.

Impaired CRNA Policy

CRNAs who become impaired physically or mentally, or suffer from a chronic illness which may impair their ability to render service, must notify the President or board of managers; failure to do so can result in dismissal and loss of medical malpractice insurance. It is the policy of RAA to investigate and act upon concerns that a CRNA is suffering from an impairment. Impairment is used to mean either physical or mental impairment, as well as impairment due to drugs or alcohol. RAA will conduct its investigation confidentially and act in accordance with pertinent state and federal law.

1. Report an Investigation of Impaired CRNA-Any individual working at RAA who has a reasonable suspicion that a CRNA is impaired must:

- a. Make an oral report to the President of the Board of Managers (BOM) and the Chief CRNA including a description of the incident(s) that led to the belief that the CRNA employee may be impaired. The report must be factual, including date, time, witnesses and alleged impaired behavior. The individual need not have proof of impairment but must state facts leading to the suspicions.
- b. The president or ranking member of the BOM has the authority to immediately suspend, with pay, the CRNA from their medical duties if patient, visitor, employee, or other's safety is felt to be threatened for whatever reason including but not limited to disruptive behavior.
- c. After discussion with the reporting individual, if the President, Chief CRNA, or BOM believe there is sufficient information to warrant further investigation, the President, Chief CRNA, or BOM may: (1) meet personally with the CRNA or designate another appropriate individual to do so; (2) direct in writing that an investigation be instituted and a report rendered by an ad hoc committee of the BOM, such ad hoc committee to include the Chief CRNA as a member.
- d. Following a written request to investigate, the ad hoc committee of the BOM shall investigate the concerns raised and any and all incidents that led to the belief that the CRNA may be impaired. The ad hoc committee is encouraged to consult with professionals in the field when making judgments about impairment or disability. The ad hoc committee's investigation may include, but is not limited to, any of the following:
 1. Review any and all documents or other materials relevant to the investigation.
 2. Interview any and all individuals involved in the incidents or who may have information relevant to the investigation. Any inquiries regarding the CRNA's health status must be related to the performance of the CRNA's clinical duties.
 3. Require the CRNA to undergo a complete medical examination so long as the exam is related to the performance of the CRNA's clinical duties.

4. Require the CRNA to take a drug or alcohol test to determine if the CRNA is currently using drugs or alcohol.
- e. The ad hoc committee shall meet with the CRNA as part of its investigation. At this meeting, the committee may ask the CRNA health-related questions so long as they are related to the performance of the CRNA's clinical duties.
 - f. The ad hoc committee will determine with the aid of professionals in the field:
 1. Whether the CRNA is possibly impaired, or what other problem, if any, is affecting the CRNA.
 2. If the CRNA is impaired, the nature of the impairment and whether it is classified as a disability under the ADA.
 3. If the CRNA impairment is a disability, whether a reasonable accommodation can be made for the CRNA's impairment to allow the CRNA to competently and safely perform their duties.
 4. Whether a reasonable accommodation would create an undue hardship upon RAA, such that the accommodation would be excessively costly, extensive, substantial, or disruptive, or would fundamentally alter the nature of RAA's operations or the provision of patient care.
 5. Whether the impairment constitutes a "direct threat" to the health or safety of the CRNA, patients, or RAA employees. A direct threat must involve a significant risk of harm based upon medical analyses and/or objective evidence. If a CRNA appears to pose a direct threat because of a disability, the committee must also determine whether it is possible to eliminate or reduce the risk to an acceptable level with a reasonable accommodation.
 - g. If the ad hoc committee determines that a reasonable accommodation can be made, the committee shall attempt to work out a voluntary agreement with the CRNA, so long as that arrangement would neither constitute an undue hardship upon RAA, nor create a "direct threat". The President shall be kept informed by the committee and shall, with the BOM, approve any agreement before it becomes final and effective.
 - h. If the ad hoc committee determines that no reasonable accommodation can be made, or the committee cannot reach a voluntary agreement with the CRNA, the committee shall make a recommendation and report to the BOM as to the appropriate action to be taken.
 - i. The original report and description of actions taken by the President or ad hoc committee shall be placed in the CRNA's personnel file. If the initial or follow-up investigation reveals there is no merit to the report, the report shall be removed from the personnel file and forwarded to legal counsel for an appropriate retention period. If some merit is found, but not enough to warrant immediate action, the report shall be

included in a confidential portion of the CRNA's personnel file and the CRNA's activities and practices shall be monitored until it can be established that there is, or is not, an impairment problem. This report will be deleted in two years if no determination of impairment is made and forwarded to legal counsel for an appropriate retention period. All employee medical records will be kept separate from their personnel file.

- j. The President shall inform the individual who filed the original report that follow-up action was taken.
- k. All investigations are confidential and breach of that confidentiality by any involved parties may be grounds for disciplinary action, including termination of employment.

2. Rehabilitation and Reinstatement Guidelines of Impaired CRNAs- If a determination of impairment that could be reasonably accommodated through rehabilitation is made, the following guidelines apply:

- a. RAA's BOM shall assist the CRNA in locating an acceptable rehabilitation program.
- b. Upon successful completion of an acceptable rehabilitation program by the CRNA, RAA, at its discretion, may consider the CRNA for reinstatement.
- c. In considering an impaired CRNA for reinstatement, RAA's BOM must consider patient care interests paramount.
- d. Proof of completion of a rehabilitation program requires that the RAA President receive a letter from the program director stating:
 - 1. Whether the CRNA is participating in the program.
 - 2. Whether the CRNA is in compliance with all of the terms of the program.
 - 3. Whether the CRNA attends AA or NA meetings regularly (if appropriate).
 - 4. To what extent the CRNA's behavior and conduct are monitored.
 - 5. Whether, in the director's opinion, the CRNA is rehabilitated.
 - 6. Whether an after-care program has been recommended to the CRNA and, if so, a description of the after-care program.
 - 7. Whether, in the director's opinion, the CRNA is capable of resuming practice and providing continuous, competent care to patients.
- e. The CRNA must provide RAA with the name and address of their primary care physician, and must authorize that physician to provide RAA with information regarding their condition and treatment. The President or ad

hoc committee has the right to require a second opinion from a physician consultant of its choice.

- f. From the primary care physician, RAA needs to know the precise nature of the CRNA's condition, and the course of treatment as well as the answers to the questions posed in (d)(1) through (d)(7).
- g. Assuming that all information received indicates that the CRNA is rehabilitated and capable of resuming care of patients, RAA shall take the following precautions when reinstating the CRNA:
 - 1. The CRNA or BOM must identify a CRNA who is willing to assume responsibility for the care of their patients in the event of their inability or unavailability.
 - 2. The CRNA is required to obtain periodic reports for RAA from their primary physician, for a period of time specified by the President or ad hoc committee, stating that the CRNA is continuing treatment or therapy, as appropriate, and that their ability to treat and care for patients is not impaired.
- h. The CRNA's performance of their clinical duties shall be monitored by the President or designee. The nature of that monitoring shall be determined by the ad hoc committee.
- i. The CRNA must agree to submit to alcohol or drug screenings (if appropriate to the impairment) at the request of the President, his designee, or ad hoc committee.
- j. All requests for information concerning the impaired CRNA shall be forwarded to the President.

PERFORMANCE APPRAISALS

All employees are expected to work efficiently and harmoniously in order to meet the requirements and standards of their profession.

Typically, the employee's immediate manager will review employee performance following the initial ninety days of employment, and then approximately annually, or more often as determined by the individual department's management. The evaluations may include a written performance critique and a verbal interview.

The objective of any review is to assist in improving employee performance and development. Performance reviews may also serve as one basis for adjustments to employee compensation. However, employees must understand that increases in salary are at RAA's discretion and not an automatic part of the evaluation.

REFERENCE CHECKS

Employee Applicants

The Department Manager may request a signed authorization from prospective employees prior to contacting past employers for reference information. Background checks for prospective new employees or existing employees may include a check for criminal conduct, reference check (both personal and professional), driver's record, credit and an education check.

Former Employees

Managers and co-workers are not authorized to respond to reference checks on former or current employees. These requests must be forwarded to the Payroll Administrator and RAA President.

In responding to reference checks on former employees, the Payroll Administrator should follow the practice of verifying only employment dates and job titles, unless a release signed by the former employee accompanies the request. Even with a signed release, information given should be confined to objective, job related evaluations and not contain any subjective comments. As a matter of policy, the Payroll Administrator/President should be the only people providing reference information to another employer.

CONFIDENTIALITY

Any information concerning the business affairs of RAA, its suppliers, employees or personnel associated with or receiving treatment from RAA, is confidential and restricted. Employees may not reveal any information except on a need-to-know basis and under the direction of a manager or with the manager's approval. Questions concerning this policy including what constitutes confidential information should be referred to the employee's manager.

BUSINESS ETHICS

Employees will maintain the highest ethical standards in the conduct of Company affairs.

Employees should not seek or accept for themselves or others any gifts, favors, entertainment, payments without a legitimate business purpose, nor shall they seek or accept personal loans (other than conventional loans at market rates from lending institutions) from any persons or business organizations that do or seek to do business with or is a competitor of RAA.

Gifts of minimal value and events approved in advance by management are acceptable.

EMPLOYEE BENEFIT PROGRAMS

Insurance/Retirement Plans

RAA currently provides the following Employee Benefit Plans for eligible CRNAs:

- Group Health, Vision, Dental Insurance
- Life Insurance
- Accidental Death and Dismemberment Insurance
- 401(K) Retirement Plan
- Pension Plan

The requirements for enrollment and eligibility for each of these plans vary, and are determined by the applicable plan documents. Contact the Comptroller for information relative to the retirement and pension plans. Contact the current insurance representative for information relative to the group health, life or death and dismemberment policies when the insurance plan documents do not answer your questions. The Comptroller will identify the agent for you. RAA reserves the right to amend, modify, alter, or terminate any of these plans at any time. If an employee wishes to review the applicable benefit booklets and plan documents or wants more information about any of these plans, he or she should contact the Payroll Administrator.

Disability Insurance

Disability Insurance: RAA provides disability insurance for its CRNAs who qualify. Refer to the employment contract or insurance policy documents for further information or contact the Comptroller.

Holidays

Rockford Anesthesiologists Associated provides one day paid time off to regular full-time employees for each of the following holidays:

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Holiday benefits are not paid to an employee on a Leave of Absence or on leave under the Family Medical Leave Act.

Employment anniversary dates are used in determining eligibility for benefits.

For the purposes of holiday pay, "regular full-time employees" are those who are scheduled to work an average of 32 hours per pay period.

Vacation/Continuing Medical Education (CME) Paid Time Off

Annual Vacation/CME: RAA provides CRNAs annual paid time off for vacation and CME activities based on employment status, years of service, and employment contract. CRNAs hired during the year will have their vacation/CME time prorated for the portion of the year worked. The vacation/CME hours allocated to each CRNA are combined and placed in the vacation hours bank at the beginning of each calendar year (or at the beginning of employment). The hours available are usually reflected on each payroll stub.

Vacation Scheduling: A vacation planning calendar will be maintained by the CRNA Scheduler. The calendar will be available for vacation requests at all regular CRNA meetings and through contact with the CRNA Scheduler. All vacation requests should be made in writing (see attached form) and submitted to the CRNA Scheduler and the RAA Scheduling Coordinator. All vacation requests must be approved by RAA management based on staffing needs.

Number of CRNAs for Simultaneous Vacation: The RAA Board of Managers determines the number of CRNAs who may take vacation at the same time.

Request for Time Off Without Pay: Requests for additional time off without pay (after all vacation/CME time is depleted) must be submitted in writing to the RAA President and may be approved solely at his discretion.

Unused Annual Vacation: Any remaining hours in the CRNA's vacation bank at the end of each calendar year will be paid out.

Termination of Employment: Upon termination of employment, accrued, but unused vacation/CME time will be paid out.

Sick Time Policy

Annual Sick Time Allocation: At the beginning of each calendar year, each full-time CRNA will be allocated 5 paid sick days (40 hours) for use during the calendar year. If the CRNA begins employment during the year, the sick time will be prorated for the months worked. These days are intended for short, unexpected illness/injury of the CRNA employee.

Sick Time Notification: A CRNA who is unable to report to work due to illness or injury should immediately notify the Charge MD at the site where he/she was scheduled to work. The RAA Scheduling office and Charge MD should also be contacted regarding each additional day of absence.

Attendance Records/Monitoring: It is the responsibility of the employee's immediate supervisor to monitor and maintain a record of their attendance. If an employee has a record of excessive tardiness or absences from work, the problem will be discussed with the employee as soon as it is noted. Based on the employee's past attendance record, and information obtained from the discussion, the supervisor will take appropriate action. When appropriate, disciplinary action will be taken (see Attendance Policy).

Healthcare Provider Certification: A certification under the Family Medical Leave Act will be required to verify the illness or injury when the employee is absent for more than three (3) consecutive work days. The certification form may be obtained from human resources.

Family Medical Leave Act (FMLA) Bank Accrual: At the end of each calendar year, the sick time hours remaining for each full-time CRNA will be combined with a contribution from RAA of an amount representing fifty percent (50%) of the sick hours remaining and the combined total will be rolled over into an FMLA bank of hours for each individual (i.e. CRNA has all 40 hrs of sick time left at year end, RAA adds another 20 hrs and the total of 60 hrs is rolled into the FMLA bank; if a CRNA had only 16 hrs of sick time remaining, RAA would add 8 hrs and a total of 24 hrs would be rolled into FMLA bank).

FMLA Bank Maximum Accrual: FMLA bank maximum accrual is a total of 30 paid days or 240 hours.

FMLA Bank Usage: FMLA bank hours may be paid when an employee has been absent for more than three (3) consecutive work days and the absence is approved under FMLA criteria (see FMLA policy).

Termination of Employment: Upon termination of employment, any accrued sick time or FMLA time is forfeited and will not be paid out to the employee.

Professional Liability Insurance

Liability Insurance: Professional medical liability insurance is provided for the CRNA by RAA and is underwritten by an insurer selected by the board of managers.

Legal Counsel: The insurer provides legal counsel to the CRNA in the event of a medical malpractice claim. Expenses incurred as a result of professional medical malpractice litigation will be paid by RAA.

Reporting Legal Service/Action: Any court order, summons, disciplinary action, sanction, or notice of a lawsuit received by a CRNA must be reported to the President or the board of managers within three (3) business days.

Depositions: Legal counsel is also provided when a CRNA is called for a deposition in a case in which they are not named as a defendant. The CRNA must notify the President if summoned. The CRNA must not voluntarily agree to a deposition as these matters are to be handled by legal counsel. Any pending depositions are scheduled by the attorneys and CRNA/MD involved. These depositions are scheduled in an effort to provide the least disruption of clinical patient care.

Risk Management: CRNAs must report any unusual/critical/adverse/potentially litigious event to the President as soon as possible after the occurrence.

FAMILY AND MEDICAL LEAVE (FMLA)

Leave

In Accordance with the Family and Medical Leave Act of 1993, RAA/MPMS/MRS has established a policy that will allow up to twelve weeks of unpaid leave in a twelve-month period:

- For an employee's own serious health condition that makes the employee unable to perform the functions of the employee's job;
- For a serious health condition of an employee's child, spouse, or parent where the employee is needed to care for that family member;
- Upon the birth of a child to care for the child; or
- Because of the placement of a child with an employee for adoption or foster care.

The twelve-month period will begin on the first day of leave for the employee.

Eligibility

In order to be eligible for Family and Medical Leave, an employee must have worked for RAA/MPMS/MRS:

- For at least twelve months; and
- For at least 1,250 hours during the year preceding the start of the leave.

Return to Work

Unless otherwise permitted by law, at the end of the approved Family and Medical Leave, the employee will be offered restoration to the same position he or she held when leave commenced or to an equivalent position. RAA/MPMS/MRS may choose to exempt certain highly compensated employees from this requirement and not return them to the same or equivalent position.

An employee whose Family and Medical Leave exceeds twelve weeks within a twelve-month period will not be guaranteed a job upon return from the leave, unless otherwise required by law.

An employee who fails to return to work at the end of an approved medical leave will be considered as having voluntarily terminated.

RAA/MPMS/MRS require that upon returning from leave due to an employee's serious health condition, the employee must provide Certification from his or her health care provider that the employee is able to resume work and that the employee is fit for duty with regard to the serious health condition that caused the employee's need for Family and Medical Leave.

Family and Medical Leave (FMLA) continued:

Request for Leave

Employees must provide thirty days' prior notice if the leave is foreseeable. If an employee is unable to provide such notice, notice must be provided as is practicable.

An employee undergoing planned, medical treatment will be required to make a reasonable effort to schedule the treatment to minimize disruptions to RAA/MPMS/MRS's operation.

Family and Medical Leave request forms are available from the Human Resource Department. Requests for Family and Medical Leave should be made by completing a form and returning it to the Human Resource Department.

Certification

An employee that requests a Family and Medical Leave for a serious health condition must provide RAA/MPMS/MRS with certification from a health care provider.

The Human Resource Department has certification forms for the health provider to complete. The forms must be fully completed.

The employee should furnish the required certification when requesting leave or soon after the leave is requested, but not more than fifteen calendar days from the start of the requested leave, unless it is not practical under the particular circumstances. During the leave, RAA/MPMS/MRS may also require that the employee obtain recertification of the medical condition supporting the dispute.

RAA/MPMS/MRS have the right to require an employee to obtain an opinion by a health care provider designated and paid for by RAA/MPMS/MRS either before or during the leave. If there is a disagreement, a third health care provider will settle the dispute.

Disability/Workers' Compensation Benefits

Employees on a Family and Medical Leave due to their own serious health condition may be eligible for payments from other sources such as workers' compensation, state disability or disability insurance, if any. Employees should ask their manager if they think they are eligible for these benefits.

Intermittent Leave

If an employee requests intermittent leave, it may be necessary for RAA/MPMS/MRS to transfer him or her to another position that will better accommodate an intermittent or reduced schedule.

Family and Medical Leave (FMLA) continued:

Substitution of Paid Leave

Employees taking Family and Medical Leave to care for a child, spouse, or parent with a serious health condition or for their own serious health condition must use all of their available accrued and unused sick time and FMLA bank hours, personal days, vacation and Paid-Time-Off (PTO) as part of the leave.

Employees on Family and Medical Leave for the birth or the placement of a child must use all of their available accrued and unused vacation, personal days and Paid-Time-Off (PTO) as part of the leave.

Benefit Continuation

RAA/MPMS/MRS will continue to maintain group health insurance coverage for the employee and, where applicable, for his or her dependents during the Family and Medical Leave, up to a maximum of twelve weeks in a twelve-month period. If applicable, employees must arrange to pay the premium contributions they previously had deducted in order to continue group health or other insurance for themselves and, where applicable, their dependents during the Family and Medical Leave.

If an employee fails to return to work at the end of the Family and Medical Leave, RAA/MPMS/MRS may require the employee to reimburse it for the amount RAA/MPMS/MRS paid for the employee's health insurance premiums during the leave.

OTHER LEAVES OF ABSENCE

It is the policy of Rockford Anesthesiologists Associated to grant leaves of absence to all eligible employees on a nondiscriminatory basis in accordance with all applicable local, state and federal laws.

Leaves of absence will be considered in cases of military duty or bereavement. Unless specifically provided otherwise, all leaves of absence are available only on an unpaid basis.

Requests for leaves of absence must be made in writing as far in advance as possible to the employee's manager and the administrator. Granting of leaves of absence will depend upon the needs of the business and the nature of the request.

If an employee accepts other employment or fails to return to work on the next regularly scheduled workday following the expiration of the approved leave of absence, the employee will be considered to have voluntarily resigned.

Military Leave - Employees who enter the armed forces of the United States will be granted extended leaves of absence without pay in accordance with federal and state laws governing such leaves.

An employee who is a member of the National Guard or of a reserve component of the armed forces will, upon furnishing a copy of the official orders or instructions, be granted military training leave. Training leaves will not, except in an emergency or in the event of extenuating circumstances, exceed two weeks a year, plus reasonable travel time.

Victim's Economic Security and Safety Leave-An employee who is eligible under the Illinois Victim's Economic Security and Safety Act shall be entitled to unpaid leave of absence in strict accord with the provisions of that Act. Return from said leave of absence, insurance benefits (subject to timely receipt of any required employee contribution), continuing accumulation of seniority, certification requirements and coordination with any other leave of absence, paid or unpaid, shall either be as strictly required by the Act or, if not strictly required by the Act, at the discretion of RAA. All information required to be provided to RAA shall be maintained in the strictest confidence unless the disclosure is 1) requested or consented to in writing by the employee; or 2) otherwise required by applicable law.

Jury Duty - Employees called upon to serve on jury duty will be granted time off with their lengths of service retained. RAA will pay the difference between the employee's regular salary and any compensation paid for jury duty. To receive this jury duty pay, an employee must present a copy of the Jury Duty Notice as soon as it is received. Utilization of a court call-in system, if available, is required. Notify the RAA Scheduling Office immediately if you are released from Jury Duty; notify the Scheduling Office as soon as you become aware that more than one day of service will be required and the probable duration of the service. Submit any monies you receive from your Jury Duty to human resources at RAA.

Bereavement Leave - Regular, full-time employees who have suffered the loss of an immediate family member may apply for up to three days of paid Bereavement Leave. An "immediate family member" is defined as an employee's spouse, parent, child (including adopted and step children), sibling, father-in-law, or mother-in-law. Requests for Bereavement Leave must be submitted to the employee's manager, and may be granted at discretion.

ATTENDANCE POLICY

Employees should report to work punctually as scheduled and work all scheduled hours and required overtime. All employees are expected to be at their assigned workplace and ready to work at their assigned starting time each day on which they are scheduled to work. Daily work assignments are found on the yellow staffing sheets or First Class on-line computer program; questions, clarifications, and changes to assignments are communicated to the RAA Scheduling Coordinator at 636-6128. CRNAs who have completed their initial work assignment are to contact the Charge MD at their work site for further work assignment or post call relief.

CRNAs are expected to complete their assigned line or work until relieved (generally by 1600). Outside appointments should be made after 1600 or on a pre-approved day off work. ***For special circumstances*** when an appointment/outside commitment must occur prior to 1600, CRNAs can make an advance request (through the RAA Scheduling Coordinator) to be out of work by an earlier/specific time; such requests will be honored when possible based on workload.

Excessive tardiness and absenteeism disrupts operations and service and may result in disciplinary action.

Tardiness-Tardiness is defined as not being on the job and prepared to work when scheduled.

Absenteeism-Absence is the failure of an employee to report to work as scheduled. Employees who are absent for three (3) consecutive workdays without notifying their employer are subject to termination as "voluntary quit". Excessive unexcused absences from work may be grounds for termination of employment.

Overtime

RAA reserves the right to require employees to work mandatory overtime. RAA's management will attempt to provide the affected employees advanced notice of such requirements, but this may not always be possible.

Overtime will only be paid on actual hours worked. Any time taken for holiday, sick leave, vacation, personal and Paid-Time-Off (PTO) leave will be deducted from weekly total hours to arrive at any overtime allocation. Overtime will be paid at one and one-half times of the covered employee's regular rate of pay for all hours worked in excess of 40 in a workweek.

TIME CARD RULES

Employees are responsible for ensuring that time records are accurate and complete. Falsification of time records will result in disciplinary action up to and including discharge without notice.

1. Record the time when work starts and ends for each day worked.
2. CRNAs are generally paid for up to one (1) hour prior to the scheduled start time or billed anesthesia time for the first scheduled case. More complex cases requiring additional setup and preparation may justify additional paid pre-case time.
3. If the CRNA arrives to work less than one (1) hour prior to the start of the first case, then the actual time work started should be recorded on the time card.
4. The end time should reflect the time when work finishes and should generally not be more than fifteen (15) minutes past the ending anesthesia time for the last case, unless the CRNA is needed for relief of others for meals/breaks.
5. Charge slips should generally be completed concurrently during each case and should not routinely require additional paid time to complete at the end of the shift.
6. Bonus amounts for applicable shifts should be noted on the time card for the shift. Record "extra day", "vacation day", or "call shift" as appropriate.
7. CRNAs will receive a minimum of 4 hours pay for working at RASC; CRNAs will receive a minimum of 6 hours pay for working at any hospital site.

Before signing your time card at the end of your reporting period, please check it for accuracy. Your signature on the card indicates that you have reviewed it and that the time card is an accurate reflection of the time you worked. In addition, the time card should be signed before the company is authorized to issue paychecks.

CRNA LATE SHIFT POLICY

Late Shift CRNA Coverage: The CRNA group is **required** to provide staffing after 1500 at Swedish American Hospital Monday through Friday; this staffing can be accomplished through either Late Shift or PM shift (see separate PM Shift Policy) coverage. The CRNA group is **requested** to provide Late Shift staffing at St. Anthony's Hospital on a voluntary basis Monday through Friday.

Availability: CRNAs assigned to the "Late Shift" agree to stay, after working their regular day shift, past 1500 to assist in completing cases.*** They are to be utilized only until the assigned call MDs are able to handle all ongoing clinical responsibilities, at which point the Late Shift CRNA is to be sent home. Once the CRNA is relieved and sent home, they are not required to be available for call back.

Compensation: Each CRNA covering a "Late Shift" will be paid for the hours worked; no minimum number of hours will be paid. If the worked hours exceed forty (40) hours for the week, then overtime will be paid. In addition, for each Late Shift actually worked past 1500, the CRNA will receive incentive pay of \$30.00 per hour.

Notification: If the CRNA is working at a different facility than where they are assigned "Late Shift", they should notify the charge person in the morning so they can be relieved, if possible, to report at 1500 to their assigned "Late Shift" location.

Relief Role: The Late Shift CRNA will relieve for either MD or CRNA cases as assigned. The final decision of which CRNA or MD will be relieved rests with the Charge MD.

Publication: The Chief CRNA will provide the RAA Scheduling Coordinator with the monthly calendar of CRNA Late Shift and PM Shift assignments. The Coordinator will list the Late/PM Shift CRNA on the yellow daily staffing sheets.

Sign-up Process: A Late/PM Shift assignment calendar will be maintained by the Chief CRNA. If the required Monday through Friday Late/PM Shifts at Swedish American Hospital are not covered by a voluntary sign-up process, then the Chief CRNA must assign eligible CRNAs in an equitable manner. Late Shift staffing at St. Anthony's will continue to be on a voluntary basis through sign-up on the same calendar.

Switching Late Shifts: During the month, if a CRNA wishes to trade Late Shifts (shifts already assigned), with another CRNA, the RAA Scheduling Coordinator must be notified prior to the traded shift so that the Scheduling Coordinator is always aware of which CRNA is assigned to cover after 1500. It remains the responsibility of the CRNA to obtain coverage for any of their shifts, not the Scheduler.

*** If the CRNA assigned to Late Shift is given the day off, they are required to call the Charge MD at 1400 to determine if they are needed to come in at 1500; if they are asked to come in to work they are compensated under the Late Shift Policy.

CRNA PM SHIFT POLICY

PM Shift CRNA Coverage: The CRNA group is required to provide staffing after 1500 at Swedish American Hospital Monday through Friday; this staffing can be accomplished through either PM shift or Late Shift (see separate Late Shift Policy) CRNA coverage.

Availability: CRNAs assigned to PM shifts agree to arrive and be ready to work at 1400 each day to assist in completing cases. After completing their minimum four (4) hours of work, they are to be utilized until the assigned call MDs are able to handle all ongoing clinical responsibilities at which point the PM Shift CRNA is sent home. Once the CRNA is relieved and sent home, they are not required to be available for call back.

Compensation: Each CRNA covering a PM shift will be paid for the hours worked. If the worked hours exceed forty (40) hours for the week, then overtime will be paid. A CRNA covering a PM shift will receive a minimum of four (4) hours of pay for the shift.

Relief Role: The PM Shift CRNA will relieve for either MD or CRNA cases as assigned. The final decision of which CRNA or MD will be relieved rests with the Charge MD.

Publication: The Chief CRNA will provide the RAA Scheduling Coordinator with the monthly calendar of CRNA PM and Late Shift assignments. The Coordinator will list the PM and Late Shift CRNAs on the yellow daily staffing sheets.

Sign-up Process: The PM and Late Shift assignment calendar will be maintained by the Chief CRNA. If the required Monday through Friday PM/Late Shifts at Swedish American are not covered by a voluntary sign-up process, then the Chief CRNA must assign eligible CRNAs in an equitable manner.

Switching PM Shifts: During the month, if a CRNA wishes to trade PM shifts (shifts already assigned), with another CRNA, the RAA Scheduling Coordinator must be notified prior to the traded shift so that the Scheduling Coordinator is always aware of which CRNA is assigned to cover after 1500.

CRNA SATURDAY ON-CALL POLICY

Saturday On-call CRNA coverage: The CRNA group is required to provide on-call staffing at Swedish American Hospital on Saturday's from 0700-1900.

Compensation: Each CRNA assigned to a Saturday on-call shift will receive \$250.00 plus pay for hours worked during the shift. If the worked hours exceed forty (40) hours for the week, then overtime will be paid. If the CRNA is utilized for any part of the on-call shift, they will receive a minimum of four (4) hours of pay for the shift.

Availability: CRNAs assigned to these shifts agree to be available to work the hours if needed.

Notification: CRNAs taking Saturday on-call shifts are requested to call the hospital at 0600 on the day of call to determine if any cases are scheduled; if any cases are scheduled, the CRNA is to report to work at 0700. If the CRNA is not needed at 0700, or is released from work prior to 1900, they must remain available by pager until 1900 to be called back.

Response Time: Once notified of the need to come in on-call, the CRNA is expected to respond to the hospital within thirty (30) minutes.

Publication: The Chief CRNA will provide the RAA Scheduling Coordinator with the monthly calendar of CRNAs on-call. The Coordinator will list the Saturday CRNA On-call on the yellow daily-staffing sheets.

Sign-up Process: An on-call calendar will be maintained by the Chief CRNA for Saturday sign-up and will be available at all CRNA meetings. If all Saturday shifts are not covered by a voluntary sign-up process, then the Chief CRNA must assign eligible CRNAs in an equitable manner.

Switching On-call Shifts: During a month, if a CRNA wishes to trade on-call shifts (shifts already assigned), with another CRNA, the RAA Scheduling Coordinator must be notified prior to the traded shift so that the Coordinator is always aware of which CRNA is on-call for all shifts. It remains the responsibility of the CRNA to obtain coverage for any of their shifts, not the Scheduler.

CRNA HOLIDAY ON-CALL POLICY

Holiday On-Call CRNA Coverage: The CRNA group is required to provide on-call staffing at Swedish American Hospital from 0700-1900 on six (6) national holidays (New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas Day).***

Compensation: Each CRNA assigned to a twelve (12) hour Holiday On-Call Shift will receive \$375.00 plus pay for hours worked during the shift. If the worked hours exceed forty (40) hours for the week, then overtime will be paid. If the CRNA is utilized for any part of the on-call shift, they will receive a minimum of four (4) hours of pay for the shift.

Availability: CRNAs assigned to these shifts agree to be available to work the hours if needed.

Notification: CRNAs taking Holiday On-Call shifts are requested to call the hospital at 0600 on the day of call to determine if any cases are scheduled; if any cases are scheduled, the CRNA is to report to work at 0700. If the CRNA is not needed at 0700, or is released from work prior to 1900, they must remain available by pager until 1900 to be called back.

Response Time: Once notified of the need to come in on-call, the CRNA is expected to respond to the hospital within thirty (30) minutes.

Publication: The Chief CRNA will provide the RAA Scheduling Coordinator with the calendar of CRNAs on Holiday On-Call. The Coordinator will list the Holiday On-Call CRNAs on the yellow daily staffing sheets.

Sign-up Process: An on-call calendar will be maintained by the Chief CRNA for Holiday On-Call sign-up. If all Holiday On-Call shifts are not covered by a voluntary sign-up process, then the Chief CRNA must assign eligible CRNAs in an equitable manner.

Switching Holiday On-Call Shifts: During a month, if a CRNA wishes to trade on-call shifts (shifts already assigned), with another CRNA, the RAA Scheduling Coordinator must be notified prior to the traded shift so that the Coordinator is always aware on which CRNA is on-call for all Holiday shifts. It remains the responsibility of the CRNA to obtain coverage for any of their shifts, not the Scheduler.

*** If Christmas Eve and New Year's Eve holidays occur on a weekday (Monday through Friday), they will fall under the Late Shift Policy with \$250.00 incentive pay; if these holidays occur on a Saturday, they will fall under the Saturday On-Call Policy with \$375.00 incentive pay.

MEETINGS

Regular Meetings: Regular CRNA meetings will be held and chaired by the Chief CRNA. All CRNAs are expected to attend and recorded on the time card. Additional, special meetings may be called by the Chief CRNA as required.

Chief CRNA Election: The Chief CRNA will be elected every two years (occurring in odd numbered years) by a vote of all CRNA employees. The criteria for serving as Chief CRNA and the duties/responsibilities of the Chief CRNA will be determined by the RAA President. Candidates who meet the established criteria and wishing to be placed on the Chief CRNA ballot should submit their names to the RAA President by May 15th of each election year. Voting will generally occur in June of each election year.

PATIENT BILLING POLICY AND PROCEDURES

Patient Billing

Revenue Generation: RAA revenues are generated by the professional services provided by its physicians and CRNAs. Accurate billing is extremely vital in receiving maximal reimbursement for these services.

Charge Books/Tickets: RAA provides individually labeled charge books for each CRNA employee. These books and the charge tickets they contain are numbered consecutively and are tracked by RAA billing staff.

Charging Procedures: Individual CRNAs are required to submit a charge ticket from their charge book for each service they provide to a patient. These charge tickets are to be completed concurrent with each OR case or immediately following each patient procedure and submitted on the same day of service by placing them in the designated courier pouch at the facility where the service was provided. Failure to submit charge tickets as described in this policy may result in disciplinary action.

Completion of Charge Tickets: Charge tickets are to be filled in completely and accurately with all requested information. Questions concerning accurate coding from the ASA Relative Value Guide can be referred to the Charge MD at the facility or to the RAA Billing Department.

Patient Identifying and Insurance Information: The patient's "face sheet" with all identifying and insurance information must be included with each charge ticket. This sheet can be obtained from the patient's chart or the OR nurse. When the face sheet is unavailable at the time of service, it may be obtained the following day and submitted with the charge ticket to the billing department. When more than one charge ticket is submitted for the same patient, only one face sheet needs to be submitted.

Errors in Charge Tickets: Charge tickets containing inaccurate or missing information will be identified by RAA billing personnel and various quality assurance/audit reviews. The CRNA involved will be notified of such discrepancies so that corrective action can be taken.

Fraud and Abuse Compliance

Corporate Compliance and Audit Program (CCAP): RAA recognizes the importance of complying with federal and state rules controlling reimbursement by the Medicare and Medicaid programs. RAA maintains a CCAP; it ensures the submission of consistently accurate claims to the Medicare and Medicaid programs, as well as other payers. It ensures that RAA, its member CRNAs and physicians comply with applicable laws relating to its participation in these programs.

Fraud and Abuse Compliance (cont.)

Purpose of the Compliance Program: Fraud and abuse, either unintentional or purposeful, will not be tolerated by RAA. The purpose of this Compliance Program is to meet the government's requirements relating to the delivery and documentation of care and the submission of claims relating to that care.

Practice Implications: Each CRNA must incorporate the CCAP's policies into his/her every day practice and is responsible for understanding the requirements of the program. Information concerning CCAP may be found in the compliance manual and questions directed to the compliance officer.

COMMUNICABLE DISEASES

Tuberculosis: Tuberculosis is a public health concern. The purpose of this policy is to limit the exposure to our patients, ourselves, our families and co-workers to tuberculosis. Active infection may be caused by very small inoculums such that an individual may have active disease and a negative tuberculin test, negative chest x-ray, or negative sputum exam. The board of managers reserves the right, with appropriate clinical indications, to modify this policy on a case-by-case basis.

1. All CRNAs must have a yearly TB skin test unless they have a documented positive skin test in the past. Results of this test are to be sent to the RAA Credentialing Department for dissemination to the appropriate facilities.
2. When a CRNA has been exposed to a patient with active tuberculosis, a skin test is to be done if not performed within the past three (3) months. A retest must be performed at three (3) months and six (6) months after the exposure. Additionally, the CRNA must contact the facility where the exposure occurred and comply with that facility's policy on TB exposure.
3. If a CRNA has a newly positive skin test, they must have a chest x-ray, three (3) sputum specimens for AFB staining and culture, or equivalent testing as determined by standard practice at the time of the positive skin test.
4. CRNAs may be removed from patient care responsibilities if they have active tuberculosis, a newly positive skin test, or exposure to active tuberculosis with new symptoms consistent with infection (despite a negative skin test).
5. Consultation with a pulmonary specialist, infectious disease specialist, or physician experienced in treating tuberculosis is needed for treatment of tuberculosis
6. Return to work requires agreement of the treating physician.

CRNA EXPENSE ACCOUNT

RAA encourages its CRNA employees to engage in continuing medical education; an annual expense account is provided to each eligible CRNA to offset the cost of this education.

Expense Account Dollar Amount: The amount of money provided in the eligible CRNA's annual expense account is determined by employment contract and years of service to RAA.

Obtaining Reimbursement: Forms for obtaining reimbursement for eligible business/educational expenses are found in the RAA office and must be submitted with proper documentation of the expenses.

Eligible Expenses: Expenses eligible for reimbursement include but are not limited to: travel to meetings, tuition/registration for meetings, business meals and entertainment, correspondence courses, books, subscriptions, dues, personal anesthesia equipment, and personal computer equipment used for business purposes. The RAA Comptroller makes the final determination as to whether an expense is eligible, based on applicable tax law.

RAA Corporate General Fund Expenses: The following expenses are paid out of RAA general funds rather than the individual CRNA's expense account: hospital dues, professional association dues, Illinois licensure fees, pager costs, professional liability insurance costs, ACLS and other certifications required for institutional credentialing. For the convenience of the CRNA, original licenses may be kept on file at RAA, and renewal notices sent to RAA for payment and processing; RAA will provide CRNAs any needed copies upon request. However, CRNAs may if they wish, retain possession of their original licenses and be responsible for assuring their timely renewal. If a CRNA fails to renew any necessary practice license by the expiration date and provide a copy of same to RAA, they will be immediately suspended from practice, and will be responsible for any and all costs associated with the late renewal of their license.

Unused Expense Account Funds: Any monies remaining in the CRNA's account at the end of the calendar year will be paid out as taxable income.

RAA EQUIPMENT

Employees are responsible for the proper use, protection and maintenance of all equipment and other property furnished or made available to them by RAA. Unauthorized or abusive use of such property, including, but not limited to unauthorized use of computers, is prohibited.

Removal of any such property without securing written permission from the employee's manager can result in immediate dismissal.

All equipment, keys and other property of RAA must be returned on the last day of employment, or sooner, if requested.

NO SOLICITATION

In the interest of maintaining a proper business environment and preventing interference with work and inconvenience to others, except with the manager's written approval, employees may not distribute literature or printed materials of any kind, sell merchandise, solicit financial contributions, or solicit for any cause during working time. Furthermore, employees may not distribute literature or printed material of any kind in working areas at any time.

Non-employees are likewise prohibited from distributing material or soliciting employees on RAA premises at any time.

Working time includes the working time of both the employee doing the soliciting and distributing and the employee to whom the soliciting or distributing is being directed.

SAFETY

Safety is a very important part of each employee's job at Rockford Anesthesiologists Associated. Employees are required to follow the safety rules. Failure to do so could result in disciplinary action, including immediate dismissal. The rules are as follows:

1. Every employee must know where all fire extinguishers are located in the facility.
2. Every employee must know the procedure for assisted patient removal.
3. Remove fallen objects or spilled liquids from the floor.
4. All written safety requirements as well as those announced by management must be followed.
5. Should an accident occur to a patient or employee, report this immediately to the manager. An incident report form must be filled out and turned into RAA management promptly. If you witness an accident, do not admit wrongdoing by you or your employer to anyone, even to co-workers. Please wait for RAA's attorneys to contact you about the incident.
6. Every employee must report any unsafe condition to a manager.
7. If you are personally injured on the job, you must immediately report the incident to your manager.
8. Needlestick/sharps injuries are to be reported according to the OSHA rules at the facility where the injury occurred. Full compliance with the facility's policies and procedures for this type of injury is expected.

SMOKING

For health and safety considerations, smoking is prohibited inside RAA's premises except in assigned smoking areas which may be changed from time to time by RAA. Please dispose of smoking materials in proper receptacles.

GUIDELINES FOR PROFESSIONAL CONDUCT

Rockford Anesthesiologists Associated expects all employees to conduct themselves with professionalism and honesty in all business dealings on behalf of the company(s), reflecting positively on the medical staff and all employees of RAA. All CRNAs are required to meet acceptable professional performance standards and otherwise conduct themselves in an ethical manner during their employment. Engaging in prohibited conduct may subject an employee to discipline up to and including immediate dismissal.

The following and related types of misconduct are prohibited:

1. Any violation of RAA's Drug and Alcohol Policy.
2. Falsifying employment or other RAA records, including employment benefit applications and patient medical records.
3. Soliciting or accepting gratuities from patients or their families.
4. Excessive absenteeism or tardiness and/or absence without a reasonable excuse.
5. Failure to notify manager before the start of a scheduled shift of each day of an unplanned absence.
6. Failure to observe scheduled department working hours, including starting and ending times.
7. Smoking in other than designated areas and at designated times.
8. Any harassing conduct.
9. Soliciting or collecting contributions for any purpose without first gaining permission of the management.
10. Deliberate destruction or damage to RAA property or equipment, including the defacing of bulletin boards or the notices thereon.
11. Theft of property from RAA or your co-workers at RAA.
12. Unauthorized possession of firearms on the premises or while on RAA business.
13. Disregarding safety or security regulations.
14. Insubordination, including, but not limited to disobedience and/or disrespect to RAA managers and/or co-workers.
15. Failing to maintain the confidentiality of RAA information.
16. Violating time card rules.
17. Failing to apply to your job the principles set forth in the Fraud and Abuse Compliance Program and all other compliance programs established through RAA.
18. Disregard of, inattention to, or refusal to comply with instructions received from the board of managers or the hospital departmental chairman.
19. Failure to perform work to the standards expected of RAA CRNA employees.
20. Any other behavior deemed inappropriate by management or the Board of Managers.

Guidelines for Professional Conduct continued:

The above are only examples of common sense rules which experience has shown to be both necessary and most effective in maintaining sound working relationships. They are only typical of cases which can result in disciplinary action ranging from verbal warning to discharge and are not to be construed as limiting or restricting disciplinary action to only the specific cases listed.

If RAA believes there is a problem with an employee's performance, it may elect (but is not required) to work with the employee to improve that worker's performance. RAA may verbally counsel the employee, give him or her a written warning, and/or suspend the employee. RAA is not required, however, to take any of these actions prior to dismissing an employee.

CRNA/MD Team Practice Model

GOAL: To provide quality anesthesia care in a cost-effective and efficient manner by fully utilizing the knowledge and skills of both MDs and CRNAs.

CRNA RESPONSIBILITIES

- Preoperative patient evaluation
- Formulation of anesthesia plan in collaboration with MD
- Implementation of the anesthesia plan
- Provide feedback on the plan or seek consultation with MD as needed during the perioperative period.
- Communicate changes in schedule or flow of cases to MD as needed.
- Provide breaks or lunch relief to other team members whenever able based on schedule.

MD RESPONSIBILITIES

- Comprehensive preoperative patient evaluation-Completion of preanesthetic assessment forms when CRNA is involved in cases.
- Discuss with CRNA as needed to formulate and implement anesthetic plan.
- Communicate pertinent preop findings and past medical history of upcoming cases to CRNA for planning purposes.
- Assure patients have needed preop testing, medical clearances, and adequate IV access.
- Provide CRNA with relief for break/lunch (either self or other team members as available) based on staffing and case flow.**
- **Be readily available for induction, emergence, or other key parts of case as determined by the team/anesthesia plan.**
- Help assure flow of cases by communicating changes in schedule to the CRNA and control desk.

EMPLOYEE HANDBOOK UNDERSTANDING AND CONSENT

I acknowledge I have read and familiarized myself with the contents of the HANDBOOK FOR CRNA EMPLOYEES OF ROCKFORD ANESTHESIOLOGISTS ASSOCIATED, L.L.C.

In addition, I have had the opportunity to ask questions of management or human resources to clarify any aspect of this handbook.

The purpose of this handbook is to provide brief, general information on RAA benefits and employment practices. The content of this handbook is subject to change without prior notice to employees. As such, I understand that Rockford Anesthesiologists Associated does not intend to create a contract of employment by placing these matters in writing.

In addition, I understand and consent that RAA may monitor my use of internal and external business computer, online or E-mail systems, and that I do not expect privacy of communications when using these business communications systems.

Name _____

Date _____